

REVIEWS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, FOR THE USE OF STUDENTS AND PRACTITIONERS. By JAMES NEVINS HYDE, A.M., M.D., Professor of Skin and Venereal Diseases in the Rush Medical College, etc. Third edition, thoroughly revised and enlarged. 8vo., pp. xx., 802. Philadelphia: Lea Brothers & Co., 1893.

THE rapidity with which new books and new editions of standard works on dermatology have appeared during the last decade is significant of the strong and steadily increasing interest in this department of medicine. Twenty-five years ago when the only books accessible to the average student were the involved and intricate tomes of Erasmus Wilson, or one or two translations from the French with their metaphysical abstractions of herpetism and the dartrous diathesis, it was no wonder that the study of cutaneous diseases possessed few attractions. Even the excellent text-book of Tilbury Fox, that appeared at about that time, was better adapted to the specialist than to the student.

It was not, however, until the publication of good translations from the Vienna school, and the return to this country of many young and enthusiastic disciples of Hebra, that the study of skin diseases took on the scientific precision that has since characterized it.

In due course of time there came into the hands of the profession a number of excellent treatises written in America, such as the unusually able works of Duhring, Piffard, G. H. Fox, Robinson, and others.

As might be expected, these works showed the influence of European teaching—but by no means altogether German in character—still they possessed a degree of originality and freedom from that swearing in the words of the masters that is the bane of all independent research.

That we have not a distinctly American school of dermatology is due to the essentially eclectic attitude of the American mind. If, as Matthew Arnold said, we lack a perspective to make us interesting, we are also free from the prejudices of one, and perhaps while losing in interest we gain in intellectual freedom.

Even the Europeans are beginning to appreciate the real advantages of this attitude: the Germans admire Hebra and admit his rare distinction as a great teacher, but they no longer follow him blindly; the French have at last escaped from their doctrinaires; and in England a new spirit of solid and conscientious work is the demand of the hour in dermatology.

The work before us has suggested, and in many ways illustrates, what has just been written. Dr. Hyde, if we are not misinformed, was one of the small band of men who took up the practice of dermatology twenty-three or four years ago, and by hard work in the clinics, in the lecture-room, and in the columns of the medical press, taught the profession to understand its importance as a special branch of medicine.

The first edition of this text-book, dedicated then as now to Professor Kaposi, showed very plainly the influence of Vienna, and although well received at the time, for it was a meritorious attempt, it lacked the personal element, the sort of genial dogmatism that comes from long experience and familiarity with the subject. The second edition was a decided advance in every direction. The edition just issued from the press, the third, exhibits the author in the maturity of his experience both as a teacher and student, and fully represents the science and art of dermatology as it exists to-day.

The general scope and especial features of this work have already received sufficient notice in this Journal, and it only remains for us to point out the additions that have been made to this edition.

An examination of the text shows that the author's statement in regard to emendations and improvements is perfectly correct. Five new plates and thirty-two new woodcuts have been introduced. They are all good, and the process plates are more satisfactory than is usual in such illustrations.

Thirty-five diseases hitherto undescribed by the author find a place in this edition, and receive such treatment as their relative importance would seem to justify. Among the more important of these may be mentioned pityriasis rubra pilaris, keratosis follicularis, the psorospermic nature of which is denied, xanthoma diabeticorum, pemphigus vegetans, actinomycosis, and leucokeratosis buccalis.

A number of minor affections and various tropical disorders also receive brief but adequate notice.

Perhaps the most valuable chapters in the book are those relating to Tuberculosis of the Skin, in which process are included lupus vulgaris, with its manifold clinical expressions, the scrofulodermata and the various types of skin lesion in which tubercle bacilli have been demonstrated.

According to Dr. Hyde, some of the disorders of the scalp called "epilating," "cicatricial," "follicular," and other unnamed forms of alopecia, are in all probability tubercular in character.

We are quite in agreement with him in believing that a large number of so-called acneiform and other ulcerative and cicatricial disorders of the skin will yet find their pathological explanation in the tubercle bacillus.

The section devoted to Eczema is well handled, although in our judgment the therapeutic indications lack somewhat in that degree of precision necessary to the student and young physician. Ichthyol is not so highly lauded as would seem to be the fashion at the present time. The author very properly protests against the multiplication of unmeaning and fantastic terms in cutaneous nomenclature, and says that such words as "eczema seborrhoicum," "lichen psoriasis," and the like, should be eschewed.

Without taking up page after page and chapter after chapter, it would be impossible to convey an adequate impression of the immense amount of labor and research that has been expended upon this treatise; and, indeed, such a course would be, after all, tantamount to a complete exposition of modern dermatology; for such in effect is the result presented to the inquiring student. It would be an ungracious task, where so much is praiseworthy, to point out the comparatively few sins of omission and commission that may be noted here and there. Taken all in

all, Dr. Hyde's book may be heartily commended to the student and practitioner alike as one of the best exponents of the subject now before the profession. As is usual with the eminent house whose imprint is on the title-page, the typographical execution is all that could be desired.

W. A. H.

PYOGENIC INFECTIVE DISEASES OF THE BRAIN AND SPINAL CORD:
MENINGITIS; ABSCESS OF BRAIN; INFECTIVE SINUS THROMBOSIS.
By WILLIAM MACEWEN, M.D., Glasgow. New York: Macmillan & Co.,
1893.

It would be difficult to find a better example of the progress which surgery has made during the past decade than in the contrast between the sombre views which in 1883 Professor Macewen says he was inclined to take as to the prospects of recovery from operations for cerebral abscess and his present statement that he "now regards an uncomplicated cerebral abscess, early recognized, accurately localized, and promptly operated on, as one of the most satisfactory of all intra-cranial lesions, the patient being at once relieved from a perilous condition, and usually restored to sound health." While the outlook for cure of the more serious lesions of infective meningitis and sinus thrombosis is not yet nearly so good, he sees reason to hope that as our knowledge of them increases, the results of surgical treatment will correspondingly improve.

Like most of the author's published work, the volume is based largely on personal experience. An introductory chapter on the temporal bone and the cerebral sinuses and membranes sets forth their surgical anatomy with great detail and with equal clearness as to their relation to the course and symptoms of pyogenic diseases. Attention is called to the elaborate arrangement which exists to prevent the intra-cranial venous system from being subjected to the aspiratory action of the chest movements in inspiration. Every surgeon has seen, during operations on the neck, when the carotid sheath has been opened, the remarkable variation in size which occurs in the internal jugular vein, collapsed and flattened during inspiration, turgid and tense when expiratory movements are made. If the venous sinuses were affected by deep breathing to the same extent as the internal jugular it is evident that a condition approaching unconsciousness would often result from the momentary cerebral anæmia. As a matter of fact, rapid, forcible breathing does produce this condition to an extent which has enabled minor surgical procedures, like the opening of an abscess, to be done without pain to the patient. The explanation which is given of the mechanism by which such anæmia is prevented from occurring ordinarily is an excellent example of the thoroughness and fulness with which the anatomico-physiological side of the subject is treated.

In the chapter on Pathology, abscess and infective meningitis are considered together, as whether the one or the other results from a given extra-cranial source of infection depends chiefly, or entirely, upon the anatomical relations of the structures and the intensity of the inflammation caused by the micro-organism. The various infective intra-cranial lesions may, therefore, be classified as follows: 1. Inflammatory process slow, mild, distinctly localized, and involving a portion of the inner

table—external pachymeningitis or extra-dural abscess. 2. If this condition persists, adhesions of the arachnoid and pia take place and shut off the general subdural cavity just as general pleurisy is prevented from following abscess of the lung by adhesions of the visceral and parietal pleura, and as the abscess of appendicitis is walled off from the cavity of the peritoneum. 3. Further persistence may be followed by softening. If the pia remains intact a subdural abscess forms; should it give way cerebral ulceration or abscess follows; should the wall of the abscess break down lepto-meningitis results. 4. The latter condition occurs if the micro-organism penetrates rapidly to the inner layer of the dura before much exudate has formed.

Other sources of infection and various forms of disease are considered: punctured wounds of the cranium; punctured fractures; infective injury to the skull without fracture; pathogenic affections of the face and scalp, etc. But the author's experience shows, as does that of the profession, that "It is in the tympanum and antrum that the majority of the pathogenic processes are generated which afterward spread intracranially and affect the brain and its membranes." And it is also true that it is especially the *chronic* affections of the middle ear that lead to this result.

The various terminations of cerebral abscess are exhaustively considered—absorption, encapsulation, spontaneous external evacuation, leakage into the subdural space or into the ventricles, etc. It is noted that Gruber's interesting case shows that an abscess can form as a result of otitis media and remain *in situ* while the ear disease disappears. This is, however, rightly said to be of great rarity.

The symptoms of abscess are divided into those characteristic of three stages: 1. Initiatory; 2. Full development of abscess; 3. Various terminations. The *first* includes otorrhœa, ear pain, vomiting, rigors, slight fever, diminution of discharge of pus from the ear; duration from twelve to seventy-two hours, or even to a week.

The *second* embraces lessening of pain, tenderness on mastoid percussion, slow cerebration, want of sustained attention, mental obscurcation, gradual diminution of ability to apply strength, temperature normal or subnormal, pulse slow and full, respirations slow, constipation, anorexia. Vomiting, rigors, and convulsions are rare. Paralysis is not infrequent. Optic neuritis is common during the later stages. Localizing symptoms are rare because in the majority of instances the abscess is outside the motor area.

The *third*, or terminal stage, may be marked by stupor and coma; or, if acute lepto-meningitis follows, by "vomiting, restlessness, temporary squinting, flushing and erratic rigidity of the limbs, clonic spasms, trepidation, and prostration, the pulse meanwhile becoming quick, the breathing hurried, and the temperature high."

As to prognosis, the author states that while the great majority of cases not dealt with surgically end in death within a short period, generally a few weeks, on the other hand there is no cerebral affection more amenable to surgical treatment, and none which offers better results. An uncomplicated cerebral abscess whose position is clearly localized, if surgical measures are adopted for its relief at a sufficiently early period, is one of the most hopeful of all cerebral affections.

The prophylactic treatment of all the pyogenic diseases (the remainder of which space will not permit us to discuss) is obvious. As abscess in